

by moral treatment and such medication as will best promote the healthy functions of body.

To my inquiries of Mrs. K., when I first saw her, in relation to her health, she assured me she felt perfectly well—had no pain, no disturbance whatever of physical health; but, putting her hand over her heart, she said, “Here it is, and it is the Lord’s doings.” I suggested to Mrs. K. that as she had a great work going on within herself—the work of regeneration—and that as it was her duty to arouse her family and neighbors to a sense of their extreme sinfulness, it would be proper for her, and I thought imperiously necessary, to employ such means as would sustain her in this great undertaking. With her consent, I accordingly prepared her some *spiritual pills*, which procured sleep and a more healthy performance of the functions of the body. And by a little management, with appropriate medication, in a few weeks Mrs. K. was restored to usual health. After the entire recovery of Mrs. K. she was quite free to converse with me on the subject of her insanity; and she assured me that anxiety or apprehension about the present or future could not have been a cause. And though, at the time, she had a dreamy consciousness of her extravagance, she was impelled, by something which she could neither explain nor resist.

Mrs. K. has had no return of insanity.

J. H. F.

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EPIDEMIC TYPHUS PUERPERARUM.

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TYPHUS PUERPERARUM is perhaps (with a few exceptions) the most fatal disease that the female portion of the human family are afflicted with, when it prevails as an epidemic. The most extraordinary fact connected with its history, is that it is confined to certain localities, where it commits its ravages for a few weeks or months, and then disappears, while neighborhoods in its immediate vicinity, and, in fact, in all directions, remain healthy. I think the most careless observer cannot fail to detect a wide difference between the epidemic and sporadic forms of puerperal fever. The endemic cases usually present a train of well-marked inflammatory symptoms, yielding to a thorough course of anti-phlogistic treatment; while the epidemic form is attended with the same symptoms in the first hours of its progress, but runs rapidly into a state of exhaustion, sinking and death; and this termination takes place, in a large majority of cases, notwithstanding the most energetic treatment,—in some cases depleting remedies, in others a course of stimulation—alike resisting every variety of treatment hitherto prescribed.

There is also another striking difference in these two forms of the disease. I allude to the appearances disclosed by post-mortem examinations. In the sporadic form we find adhesions in various parts of the abdomen, depositions of lymph, and serum in large quantities; in the epidemic form, the traces of inflammation are less striking, in many cases

scarcely discernible, and very seldom extensive adhesions or effusions take place.

From a survey of the above facts, and other circumstances connected with the history of this form of the disease, I am led to infer that the tendency to a fatal termination is to be attributed to the malignant character of the attending fever, rather than to the local affection. If this opinion should be found, on investigation, to be based upon correct premises, it will lead to important conclusions concerning the remediate measures to be adopted. If the position we assume is correct, our remedies must not only be directed against the local affection, but especially against the depressing influence of the fever that is exhausting the nervous energies of the patient with the most fearful rapidity; and if we can find a remedy by which we can accomplish this object, we need not despair of finding remedies to subdue the peritoneal affection.

In accordance with my views of the pathology of this disease, I submit the following plan of treatment. Bleeding, when the pulse indicates it by tension, hardness or fulness; and in order to guard against prostrating the system unnecessarily, I would have the patient in a sitting posture, and allow the blood to flow until syncope takes place. Give from 20 to 40 grains of proto-chloride of mercury, with sufficient opium to retain it in the stomach twelve hours. By thus retaining it in the system, the stomach and bowels are much more thoroughly cleansed than when it is hurried through in one fourth or half that time. The system is also much better prepared for the administration of other appropriate remedies. Another object in giving a free dose, and retaining it, is to allay hepatic irritation, which, if it proceeds, aggravates all the symptoms in the secondary stages by profuse secretion of bile, and the uncontrollable vomitings which inevitably follow, precluding the possibility of affording relief, from the fact that nothing can be retained in the stomach. At the end of twelve hours, if calomel does not move the bowels, use castor oil or warm water enema. After the operation, continue calomel in small doses, with Dover's powder every two or four hours, as the urgency of the case should indicate.

I would also commence immediately with Fowler's solution, in as large doses as can be retained without vomiting; and if the stomach is irritable, give it by enema. I thus endeavor to bring the system under its influence as soon as possible, say the first thirty-six or forty-eight hours. In malignant forms of fever, the arsenic is the most potent remedy we possess, and I confidently believe promises more in this disease than all other articles of the materia medica put together. I would not, however, depend on it alone, but perseveringly use with it the means recommended above, and also external applications; and these may be blisters, or tinct. cantharides mixed with oil of terebinth. continued until extensive vesication or amelioration of the symptoms. The lower extremities should be frequently immersed in a mustard bath; if this fails to keep up warmth and free circulation, apply blisters to the inner ankles. Diet—barley water, rice and animal broths, at first weak, afterwards stronger.

ROBERT KELSEY.

West Henrietta, N. Y., May 27, 1840.